

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm	71000	9/10/90
O.I.P.E. CLASSIFIER		12	9/22
FORMALITY REVIEW	Am	44830	9/29

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	01/15/92	
2	✓	01/15/92	
3	✓	01/15/92	
4	✓	01/15/92	
5	✓	01/15/92	
6	✓	01/15/92	
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48	✓	01/15/92	
49	✓	01/15/92	
50	✓	01/15/92	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy